



Bunker Pre-Loading Plan

Vessel Name: _____ Date: _____
Person-In-Charge: _____ Port: _____

Fuel Delivery Rate Recommended: _____ Maximum: _____ Topping Off: _____
Total Bunkers to be Taken: _____ Supplier/Barge: _____

Fill Sequence	TANK		Product Name	<input type="checkbox"/> SOUNDING <u>or</u> <input type="checkbox"/> ULLAGE		<input type="checkbox"/> Meters & Tenths <u>or</u> <input type="checkbox"/> Feet & Inches		Percent Full at Planned Final
	Number/Name	Total Capacity Units: <u> </u> @ 100% Full		Starting		Planned Final		
				Sounding	Volume*	Sounding	Volume*	

TANK LEVEL MONITORING PERSON:

VALVE ALIGNING PERSON:

Notes and Special Instructions:

* Starting & Planned Final Volumes are not a WAC 317-40 requirement.

To receive this document in alternative format contact the SPILLS Program at (360) 407-7455 (voice) or (360) 407-6006 (TDD).
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